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of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a valid OMB control number. Approved for use through 7/31/2006, OMB 0651-0032 U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Dockel Number CLAIMS AS FILED - PART I 1724 ı. (Column 1) (Cotumn 2) OTHER THAN SMALL ENTITY OR FOR MUMBER FILED SMALL ENTITY BASIC FEE NUMBER EXTRA (37 CFR 1,16(a)) RATE FEE TOTAL CLAIMS RATE FEE (37 CFR 1.15(c)) OR INDEPENDENT CLAIMS minus 20 = (37 CFR 1.16(b)) ΩR X S minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.15(d)) 'Il the dillerence in column 1 is less than zero, enter '0' in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Catumn 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OTHER THAN OR REMAINING SMALL ENTITY NUMBER PRESENT AFTER PREVIOUSLY RATE AMENDMENT EXTRA Total (27 CFR 1.16(cj) RATE PAID FOR TIONAL ADDI-Minus TIONAL Independen x . 25 = FEE (37 CFR 1.16(b)) Atinus x 150. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(0) x \$/00 = x 1.200. OR +1/BO. OR +:360= ADD'L FEE JATOT. (Cotumn 1) (Calumn 2) ADD'L FEE (Column 3) CLAIMS HIGHEST REMAINING AFTER AMENDMENT NUMBER PRESENT PREVIOUSLY RATE MONAL EXTRA PAID FOR RATE ADDI-(31 OFR 1.15(c)) Minus FEE TIONAL independent (3) CFR 1.16(b)) Ш x : Z5 . FEE Minus OR × :50 = FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR x s*200*-OR +340= TOTAL / TOTAL OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER PREVIOUSLY RATE AMENDMENT ADDI-EXTRA PAID FOR RATE Total (3) CFR 1.16(c)) TIONAL ADDL Minus AMEND TIONAL Independent (37 CFR 1.16(p)) FEE x : 25 = Minus OR x : 50 =

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including patheting, preparing, and submilling the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

The column 1 is less than the entry in column 3.

"If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information, confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete inch the mount of time you require to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

x : 100 =

+1/80=

TOTAL

OR

OR

x s Z20-

+340

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.